



CITY OF HYATTSVILLE

COMMERCIAL FACADE IMPROVEMENT PROGRAM

GRANT APPLICATION

Project Address: _____

Doing Business As: _____

Applicant Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Specific Scope of Proposed Improvements:

Window or Door Replacement

Masonry Repair or Other Exterior Treatment

Signage, Awning or Lighting

Property Ownership

1. Do you own or lease the property on which the façade improvements will be made? (Check one) Own ____ Lease _____ Purchase Agreement _____

2. If you lease, has the property owner agreed to these proposed improvements and signed the **Statement of Permission** on page 5 of this application? _____

3. If you lease, what is the expiration date of the lease? _____

4. If you lease retail space, please provide the name, address, telephone number and email address for the owner of record for the leasehold property: _____

5. How long have you been a tenant of and/or owned this property? _____ Yrs.

6. If you own and if the property is vacant, how long has the property remained vacant and for what reason? _____

7. What will be the estimated total or square feet lease rate after the façade improvements are complete? _____

Project Funding Information

Approved projects are eligible to receive a dollar-for-dollar matching grant, with a minimum grant of \$5,000 and a maximum grant of \$50,000 per building.

Applicants are required to provide a cash match for the total project, which may include both capital improvements and architectural/engineering design services (Other).

1. Proposed source and amount of Applicant Equity:

Private Equity: \$ _____

Bank or Other Loan: \$ _____

Other: \$ _____

Grant Request: \$ _____ (**\$5,000 - \$45,000**)

Total Project Cost: \$ _____

2. For Projects requiring Bank Loans: Has a loan been secured? Yes _____ No _____

a. If No, has an application or request been made to the bank at this time? Yes _____
No _____

b. If Yes, please provide the name of bank and contact information: _____

3. Is the business or property in default or delinquent on any outstanding debt concerning your business operations or location costs? Yes _____ No _____. If yes, to what is the length of time and amount delinquent? _____

4. Please provide the following information about your business/property:

Total Full-Time Employees: _____ Total Part-Time Employees: _____

Anticipated New F/T Employees: _____ **Anticipated** New P/T Employees: _____

Total linear feet to be improved: _____

Bidding Contractor Information

1. Owner/CEO: _____

Doing Business As: _____

Address: _____

Phone Number: _____ Email Address: _____

Relevant Licenses: _____

2. Owner/CEO: _____

Doing Business As: _____

Address: _____

Phone Number: _____ Email Address: _____

Relevant Licenses: _____

3. Owner/CEO: _____

Doing Business As: _____

Address: _____

Phone Number: _____ Email Address: _____

Relevant Licenses: _____

Selected Contractor: _____

Application Checklist:

One paper copies and one digital (saved to USB thumb drive) copy of each of the following items **MUST** be included with your submitted application. USB Thumbdrives will be returned to the applicant within 10 days of receipt by the City. **DO NOT STAPLE PAPER COPIES TOGETHER:**

- _____ Completed Commercial Façade Improvement Program Application;
- _____ Color photographs of existing exterior façade from sidewalk or street;
- _____ Conceptual or architectural rendering of proposed work, and specific scope of work
- _____ Itemized cost estimate from selected licensed contractor on company letterhead;
- _____ Statement affirming that subject property is up-to-date on tax filings with the State of Maryland and Prince George’s County taxes;
- _____ If the property is leased, but not owned by the applicant, a Statement of Permission for the proposed improvements signed by the owner of record agreeing to the proposed work.
- _____ I have reviewed the City of Hyattsville Commercial Façade Improvement Program Guidelines and signed the statement below.

Statement of Permission

I hereby consent to the conditions outlined in the City of Hyattsville Commercial Façade Improvement Program Guidelines and if selected for funding, agree to participate in this program as proposed in this application including the contribution of a minimum of 50% of the total project funding.

Applicant

Building/Property Owner (if other than applicant)

Name (Print)

Name (Print)

Signature

Signature

Date

Date

**APPLICATIONS MUST BE SUBMITTED IN A SEALED ENVELOPE
BY 4:00 PM, ON THURSDAY, JUNE 18, 2020 TO:**

**COMMERCIAL FAÇADE IMPROVEMENT PROGRAM
CITY OF HYATTSVILLE
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
4310 GALLATIN STREET
HYATTSVILLE, MARYLAND 20781**

Grant Review Official Use Only

Date of Application Receipt: _____

Target Funding Area:

West Hyattsville TDOZ ()

Prince George's Plaza TDOZ ()

Route One/Gateway DDOZ ()

Hyattsville Business License Number: _____

ADA or Building Code Compliance Modification: _____

Vacant/Occupied Property: _____

Environmental Review Submit: _____

Environ Review Approval: _____

Approval for Funding: _____

Recommended Award Amount: _____

Selected Contractor Approval: _____

Award Letter Issued: _____

Grant Agreement Execution: _____

Notice to Proceed Issued: _____

Site Inspection Completed: _____

Total Linear Ft. of Improved Façade: _____

Total Private Investment: _____

Request for Payment Approved: _____

Project Complete: _____